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COVER LETTER

TO:	Registration Se Division of Cor		•	•		
SUBJEC	7071	NTALS LLC		•		
SOBJES	Name of Limited Liability Company					
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		PAUL J ESTABA				
			Name of Person			
			Firm/Company			
		4150 EASTGATE DR, UNIT 4301				
		Address				
		ORLANDO, FL 32839				
		City/State and Zip Code estabapaul@hotmail.com				
		E-mail address: (to be used for future annual report notific	ration)		
For furth	er information co	oncerning this matter, please ca	all:			
PAU	L J ESTABA		321 310-1034 at ()			
***************************************	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	l is a check for th	ne following amount:				
≣ \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration S		Street Address: Registration Sect	ion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EASY RENTALS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <u>04/03/2018</u> and assigned Florida document number L18000083740 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EASY R GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to Emplowith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			DAdd
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
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			□Change
			□Add
			□Remove
		 -	□Change
			□Add
			□Remove
			□Change

D. Hain	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	11/01/2021
(If an el <u>Note:</u>	ive date, if other than the date of filing: [11/01/2021] [rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
f the reco ecord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	November 11 2021
	Signature of a member or authorized representative of a member
	Paul J Estaba
	Typed or printed name of signee

Filing Fee: \$25.00